

Completion Certificate
Maryland Solar Energy Grant Program
Photovoltaic Solar Grant
January 2010

A. Participant Information

Grant Amount: \$ _____

Name: _____ Organization _____

Installation Address: _____

City: _____ State: Maryland Zip Code: _____

Phone: _____ Electric Utility Name: _____

Sections B through D should be filled out by the **installer** of the photovoltaic system.**B. Photovoltaic (PV) System Information**

PV Array Location: _____ PV Array Size (kW): _____

PV Module Manufacturer: _____ PV Module Model# : _____

Inverter Manufacturer: _____ Inverter Model #: _____

Inverter Power Rating: _____

C. Installation Contractor/Subcontractor Information

Installation Contractor Name: _____ Company Name: _____

Contractor/Customer Project # _____

Contractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Project Start Date: _____ Installation Date: _____

Contractor DUNS #: _____ Jobs Created (FTE) _____

(Please see: <http://www.energy.state.md.us/documents/GuidelinesonReportingJobsCreatedorRetained.pdf>
to calculate jobs created/retained)

Jobs Retained (FTE) _____ Registered Maryland Minority Business Enterprise (Y/N)

Subcontractor Name (if applicable): _____ Company Name: _____

Subcontractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Subcontractor DUNS #: _____ Jobs Created (FTE) _____

Jobs Retained (FTE) _____ Registered Maryland Minority Business Enterprise (Y/N)

Description of Services Provided by Contractor/Subcontractor(s): _____

D. Hardware and Installation Compliance and Inspection

Please check all applicable statements.

_____ The system hardware is in compliance with *Underwriters Laboratories (UL) 1741, Standard for Static Inverters and Charge Controllers for Use in Photovoltaic Systems* and *UL 1703, Standard for Safety: Flat-Plate Photovoltaic Modules and Panels*.

For off-grid installations:

_____ The system has been installed in compliance with applicable requirements of local electric codes and the National Electric Code (NEC).

For utility interconnected systems only:

_____ The system has been installed in compliance with *Institute of Electrical and Electronics Engineers (IEEE) Standard 929-2000, Recommended Practice for Utility Interface of Photovoltaic Systems* and with applicable requirements of local electric codes and the National Electric Code (NEC).

Electrical Permit #: _____ Issued By (County or Municipality Name): _____

Master Electrician Name: _____ Md. Electrician's License #: _____

Inspection Date: _____

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): _____ Date: _____

Name

(Print): _____ Company: _____

E. Other Information Required by the American Recovery and Reinvestment Act of 2009

Recipient's Doing-Business-As Name (DBA) (if applicable): _____

Recipient's Congressional District (found at <http://www.house.gov/zip/ZIP2Rep.html>): MD _____

Recipient's Legal Address (if different from Installation Address): _____

- ☐ Recipient (if a business, organization or government entity) has attached completed installer prevailing wage rate/payroll (Davis-Bacon) forms (sample form available at the following link: <http://www.dol.gov/esa/whd/forms/wh347.pdf>)

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the terms and conditions of the Grant Commitment Letter and the Grant Program Terms and Conditions Form, including the ARRA Addendum Special Terms and Conditions (revised January 2010), and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): _____ Date: _____

Social Security # - or - FID# _____

Please include a photo of the project or email an electronic photo to:

Attention Solar Energy Grant Program
Meainfo@energy.state.md.us

Mail this Completion Certificate and supporting documentation to:

**-Attention- Solar Energy Grant Program
Maryland Energy Administration
1623 Forest Drive, Suite 300
Annapolis, MD 21401**